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APPLICANTS

Rabi S. De, Bellaire, TX; ✓
Tanya Tamarchenko, Bellaire, TX; ✓

** CONTINUING DATA ***** None *me*** FOREIGN APPLICATIONS ***** None *me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Mansur</i> Examiner's Signature	<i>he</i> Initials			

ADDRESS

Stuart J. ford
VINSON & ELKINS LLP
2300 First City Tower
1001 Fannin Street
Houston, TX 77002-6760

TITLE

System and method for determining Value-at-Risk using FORM/SORM

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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